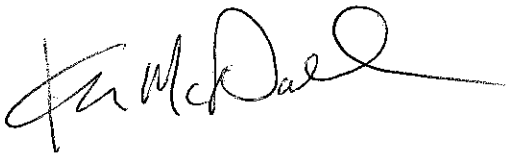


MARYLAND HEALTH CARE COMMISSION

4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215
TELEPHONE: 410-764-3460 FAX: 410-358-1236

MEMORANDUM

TO: Commissioners

FROM: Kevin R. McDonald
Chief, Certificate of Need 

DATE: February 19, 2015

SUBJECT: Brooke Grove Rehabilitation & Nursing Center
Docket No. 14-15-2354

Enclosed is the staff report and recommendation for a Certificate of Need ("CON") application filed by Brooke Grove Rehabilitation & Nursing Center for the construction 70 bed wing to replace 48 beds of an older wing and add 22 temporarily de-licensed beds acquired from another facility in the jurisdiction. Brooke Grove is located in Sandy Springs in Montgomery County

The total estimated project cost of \$25,025,000 is comprised of \$21,070,000 for demolition and construction, \$60,000 for renovation, \$2,505,000 in other capital costs, \$960,000 in capitalized interest expense, and \$430,000 for financial and other cash requirements. BGRNC expects to finance this project with \$24 million in mortgage debt, \$1,001,100 in cash equity and \$23,900 in interest income.

Commission staff analyzed the proposed project's compliance with the applicable State Health Plan criteria and standards at COMAR 10.24.01.08G(3) and the other applicable CON review criteria at COMAR 10.24.08 and recommends that the project be APPROVED with the following condition:

Brooke Grove Rehabilitation and Nursing Center will maintain the minimum proportion of Medicaid patient days in its 1998 Memorandum of Understanding with the Maryland Medical Assistance Program agreeing to maintain the minimum proportion of 44.93% of Medicaid patient days in its 190 licensed CCF beds or execute a modified Memorandum of Understanding, in accordance with Nursing Home Standard COMAR 10.24.08.05A(2) for all of Brooke Grove Rehabilitation and Nursing Center's 190 licensed CCF beds.

IN THE MATTER OF

*
*
*
*
*
*
*

BEFORE THE

BROOKE GROVE NURSING &

MARYLAND HEALTH

REHABILITATION CENTER

CARE COMMISSION

DOCKET NO. 14-15-2354

Staff Report and Recommendation

February 19, 2015

TABLE OF CONTENTS

	<u>Page</u>
I. INTRODUCTION	
The Applicant and the Project	1
Background.....	2
Bed Supply and Projected Bed Need.....	2
Bed Occupancy.....	2
Bed Surplus and Low Occupancy: Implications for Policy.....	3
Staff Recommendation.....	3
II. PROCEDURAL HISTORY	4
Review of the Record.....	4
Local Government Review and Comment	4
Interested Parties	5
III. PROJECT CONSISTENCY WITH REVIEW CRITERIA AND STANDARDS	5
A. COMAR 10.24.01.08G(3)(a)-THE STATE HEALTH PLAN	
COMAR 10.24.08.05: Nursing Home Standards	
(A) General Standards	
1. Bed Need.....	5
2. Medical Assistance Participation.....	6
3. Community Based Services	7
4. Non-Elderly Residents	8
5. Appropriate Living Environment.....	8
6. Public Water	9
7. Facility and Unit Design	9
8. Disclosure	10
9. Collaborative Relationships.....	10
(B) New Construction or Expansion of Beds or Services	
1. Bed Need.....	11
2. Facility Occupancy.....	13
3. Jurisdictional Occupancy	14
4. Medical Assistance Program Participation	14
5. Quality	15
6. Location	16
B. COMAR 10.24.01.08G(3)(b) NEED.....	17
C. COMAR 10.24.01.08G(3)(c) AVAILABILITY OF MORE COST-EFFECTIVE ALTERNATIVES	18

D. COMAR 10.24.01.08G(3)(d)-VIABILITY OF THE PROPOSAL.....	19
E. COMAR 10.24.01.08G(3)(e)-COMPLIANCE WITH CONDITIONS OF PREVIOUS CERTIFICATES OF NEED	23
F. COMAR 10.24.01.08G(3)(f)-IMPACT ON EXISTING PROVIDERS	24
IV. SUMMARY AND STAFF RECOMMENDATION	24

Appendices

1. Review of the Record
2. Brooke Grove Foundation, Inc. Facilities
3. Floor Plan
4. CMS Five-Star Quality Rating System
5. Hospital Referrals to BGRNC: FY 2010 to FY 2014
6. 2013 Comprehensive Care Facility Utilization – Medicare Utilization for
Montgomery County & Maryland

STAFF REPORT AND RECOMMENDATION

I. INTRODUCTION

The Applicant and the Project

Brooke Grove Rehabilitation and Nursing Center ("BGRNC" or "Brooke Grove") is a 168-bed comprehensive care facility ("CCF") operating in Sandy Springs, Montgomery County. Brooke Grove is applying for a Certificate of Need ("CON") to construct an addition to the existing nursing home that will be comprised of 70 beds. The 78,473 square foot ("SF"), two-story addition would replace 48 CCF beds existing at Brooke Grove and add 22 beds acquired from The Village at Rockville (formerly known as the National Lutheran, a CCF operating in Rockville (Montgomery County)). Thus, the proposed project would expand BGRNC's bed capacity to 190 CCF beds. The total estimated cost of this project is \$25,025,000. Both the BGRNC and The Villages at Rockville CCFs are part of continuing care retirement community ("CCRC") campuses. While CCRCs are permitted by Maryland law to develop CCF bed capacity without CON approval, with admission to such beds generally limited to CCRC subscribers, neither of these "non-conventional" CCRCs operates such "exceptional" bed capacity, meaning that all of their CCF beds are publicly available.

Brooke Grove is owned and managed by Brooke Grove Foundation, Inc., which also owns and manages Williamsport Nursing Home. Besides the 168 licensed CCF beds at Brooke Grove, the Foundation operates 7 assisted living facilities with 112 total beds and 40 independent living units on the Sandy Springs campus. Appendix 2 offers further details on these Maryland facilities.

Presently, Brooke Grove is comprised of two sections. The subject of this application is a 48-bed wing located in a portion of the nursing home that was constructed in the late 1800s. It was originally a private residence that was later designed for use as a nursing home. Construction of this 48-bed wing was completed over a long period of time ranging from the mid to late 1800's to 1970. The whole 48-bed wing will be demolished. This older part of the CCF is described by the applicant as having a number of deficiencies, some of which have resulted in the issuance of life safety code waivers. The remaining 120 CCF beds at BGRNC are located in an area that was completed in 2000.

With the completion of this project, BGRNC plans to use 60 of its CCF beds for short stay residents who qualify for Medicare reimbursement, or who meet other Medicare-qualifying criteria for skilled care, with the intent of returning to the community after the CCF stay. Typically, "short stay Medicare A patients" are post-acute patients with coronary, neurological, wound care, intravenous antibiotic therapy and similar needs. Brooke Grove anticipates that the average length of stay on this unit will be between 20-30 days. (DI #9, Question 4) This configuration would increase the number of beds used by BGRNC for short rehabilitation-oriented stays from 48 to 60. The remaining bed capacity would be used for long-stay patients with custodial care needs.

The total estimated project cost of \$25,025,000 is comprised of \$21,070,000 for demolition and construction, \$60,000 for renovation, \$2,505,000 in other capital costs, \$960,000 in capitalized interest expense, and \$430,000 for financial and other cash requirements. BGRNC expects to finance this project with \$24 million in mortgage debt, \$1,001,100 in cash equity and \$23,900 in interest income.

Background

Bed Supply and Projected Bed Need

The CCF bed need projection applicable¹ to this project is below.

2016 CCF Bed Need Projection, Montgomery County (published October 3, 2014)

Licensed Beds	Temporarily Delicensed Beds	CON Approved Beds	Waiver Beds	Total Bed Inventory	Gross Bed Need Projection	Unadjusted Bed Need	Community-Based Services Adjustment	2016 Net Bed Need
4,500	72	0	35	4,607	3,651	-956	235	-1191

Bed Occupancy

The occupancy rate of CCF beds in Montgomery County in recent years has been relatively low, consistently lagging the statewide occupancy rate.

CCF Bed Occupancy Rates, FY2008-FY2013, Montgomery County and Maryland

	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013*
Montgomery	88.1%	87.7%	87.2%	85.8%	85.2%	84.7%
MARYLAND	88.8%	89.1%	89.2%	88.9%	88.5%	87.9%

Source: MHCC Long-Term Care Survey

*Preliminary. See footnote 2 below.

There were 34 CCFs operating in Montgomery County in 2013 – 27 free-standing nursing homes and seven facilities operating as components of CCRCs, which provide a continuum of care that includes independent living, assisted living, and CCF services in one location. The freestanding nursing homes operated 3,657 CCF beds in Montgomery County in FY 2013² while the seven CCRCs operated a total of 952 CCF beds. However, only 89 of the beds operated on CCRC campuses were authorized through the CCRC exception in the law and, thus, those beds are limited, for the most part, to CCRC subscribers.

Appendix 4 provides a detailed profile of CCF bed occupancy in Montgomery County in FY 2013.

¹ See discussion at COMAR 10.24.08.05A(1): Bed Need, p. 5, *infra*,

² As of the date of this staff report, MHCC staff has not completed the audit and review of the utilization figures for FY 2013, so the 2013 occupancy percentage is preliminary.

Bed Surplus and Low Occupancy: Implications for Policy

This review involves an application by an existing nursing home whose occupancy rate outperformed the jurisdictional and statewide averages (89.92% over the last five years) that seeks to both replace some of its existing beds and expand slightly by re-implementing 22 temporarily de-licensed beds – in a jurisdiction that has both a large bed surplus and a low jurisdictional occupancy.

Under Maryland Health Care Commission (“MHCC”) procedural regulations, at COMAR 10.24.01.03C(1)(c), when nursing homes temporarily de-license beds they have twelve months to notify MHCC of their “intention either to bring the bed capacity back onto the facility's license ... or to notify the Commission that it intends to take another of the actions permitted under this subsection.” In this case, National Lutheran Home & Village at Rockville notified the MHCC of its intention to sell temporarily de-licensed beds, and BGRNC is one of the prospective buyers.

Historical MHCC practice has been to allow facilities with 90% or higher occupancy that meet other standards and criteria to “replace/relocate” beds in the inventory by purchasing temporarily de-licensed beds in the jurisdiction. This approach has allowed the market to reallocate beds within the jurisdiction from a facility that does not have demand for beds to one that does. Despite these occasional reallocations, the provisions of COMAR 10.24.01.03C allowing facilities to temporarily de-license beds has succeeded in fostering a gradual shrinking of the supply of nursing home beds in jurisdictions that have surpluses.

Staff Recommendation

Staff concludes that the proposed project complies with the applicable criteria and standards in COMAR 10.24.01.08, State Health Plan: Long Term Care Services (“Chapter”), as well as the review criteria at COMAR 10.24.01.08G(3) and recommends **APPROVAL** with the following condition:

Brooke Grove Rehabilitation and Nursing Center will maintain the minimum proportion of Medicaid patient days in its 1998 Memorandum of Understanding with the Maryland Medical Assistance Program agreeing to maintain the minimum proportion of 44.93% of Medicaid patient days in its 190 licensed CCF beds or execute a modified Memorandum of Understanding, in accordance with Nursing Home Standard COMAR 10.24.08.05A(2) for all of Brooke Grove Rehabilitation and Nursing Center's 190 licensed CCF beds.

This recommendation is based on the applicant's proposal and staff analysis concluding that:

- The proposal does not seek to increase the total number of CCF beds licensed in Montgomery County, instead using beds already in the MHCC inventory, reallocating them from National Lutheran to BGRNC;

- The applicant facility has maintained a relatively high occupancy, and has described a growing need for short-stay CCF beds to serve Medicare-qualifying patients in need of rehabilitative services; and
- The proposed project allows the replacement of Brooke Grove's 48 CCF beds, at least some of which are operating under life safety code waivers, and the expansion of 22 beds enhances the operational efficiency and financial feasibility of the project.

PROCEDURAL HISTORY

Review of the Record

Please see Appendix 1, Record of the Review.

Local Government Review and Comment

No comments on this project have been received from either the Montgomery County Department of Health or other local government entities.

The applicant submitted a number of letters in support of BGRNC's project during the course of this review. These include letters from the following persons:

1. The Maryland General Assembly, 14th Legislative District for Montgomery County, which includes:
 - a. Honorable Karen Montgomery, State Senator
 - b. Honorable Anne Kaiser, State Delegate
 - c. Honorable Eric Luedtke, State Delegate
 - d. Honorable Craig Zucker, State Delegate
2. Peter W. Monge, President, MedStar Montgomery Medical Center & SVP, MedStar Health
3. Jacky Schultz, Executive Vice President and Chief Operating Officer, Suburban Hospital
4. Nancy Larson, Director of Case Management, Howard County General Hospital
5. Crystal R. Green, Practice Administrator, MedStar Health at Leisure World Blvd.
6. Myrna Cooperstein, Social Work Supervisor, Leisure World Social Services
7. Wilma Braun and Margaret M. Vaughan, Leisure World Social Services
8. Benjamin Avrunin, M.D., Clinical Professor of Medicine, George Washington University School of Medicine
9. Robert P. Fields, M.D., Arthur F. Woodward, Jr., M.D., and Philip G. Henjun, M.D., Physicians, Private Practice
10. Alok N. Mathur, M.D., and Lisa Ng, M.D., Medical & Wellness Center of Olney
11. Denis P. O'Brien, M.D., Navin S. Sethi, M.D., Charles F. Mess, Jr., M.D., Douglas M. Murphy, M.D., Sheldon R. Mandel, M.D., and Sanjog Mathur, M.D., Potomac Valley Orthopaedic Associates

The majority of the letters of support are from health care organizations or providers that serve the residents of Montgomery County. Each has an ongoing relationship with Brooke Grove. MedStar Montgomery Medical Center, Suburban Hospital, and Howard County General

Hospital all state they have made referrals to BGRNC in the past, and, given the growth in the aging population and the need for alternate care settings, each hospital expects to increase the number of referrals to BGRNC in the future with the approval of Brooke Grove's project.

The social workers employed at Leisure World note the high occupancy and difficulty in finding an available rehab bed at BGRNC; each supports the renovations to the skilled nursing unit and the addition of 22 rehabilitation beds as "a huge benefit to the residents at Leisure World." Finally, the letters from each of the physicians state that they have made referrals to BGRNC's rehab unit, and that the construction of a replacement wing and the addition of dedicated rehab beds would benefit their practices and the patients in need of these services.

Interested Parties

There are no interested parties in this review.

IV. PROJECT CONSISTENCY WITH REVIEW CRITERIA AND STANDARDS

A. STATE HEALTH PLAN

COMAR 10.24.01.08G(3)(a) State Health Plan. An application for a Certificate of Need shall be evaluated according to all relevant State Health Plan standards, policies, and criteria.

The applicable section of the State Health Plan for this review is COMAR 10.24.08, the State Health Plan for Facilities and Services: Nursing Home and Home Health Agency Services. The specific standards to be addressed include COMAR 10.24.08.05A and .05B, the General Standards for review of all nursing home projects and the Nursing Home Standards for New Construction or Expansion of Beds or Services.

COMAR 10.24.08

.05	Nursing Home Standards.
A.	General Standards. The Commission will use the following standards for review of all nursing home projects.

- (1) Bed Need. The bed need in effect when the Commission receives a letter of intent for the application will be the need projection applicable to the review.**

At the time Brooke Grove submitted its letter of intent, the Commission had published what was later determined to be an erroneous Gross and Net Bed Need Projections for Nursing Home Beds in Maryland. 40:8 *Maryland Register* 767 (April 19, 2013). The erroneous projection showed a total bed inventory of 4,686 beds and a gross bed need projection for 4,248 beds in Montgomery County in 2016, indicating a projected surplus of 438 CCF beds. After MHCC staff discovered calculation errors in the 2013 projections, a corrected need projection (with updated bed inventory) was published in 41:20 *Maryland Register* 1180 (October 3, 2014). The October 2014 corrected projection is the bed need in effect and applicable to this review. The corrected

projection lowered the gross need, widening the CCF bed surplus in Montgomery County to 1,191 beds.

This application seeks to construct a 70-bed wing that replaces 48 existing CCF beds from Brooke Grove and relocates 22 temporarily de-licensed CCF beds purchased from National Lutheran/Village at Rockville. Thus, the proposed project would not change the total number of CCF beds that are licensed or available for licensure in Montgomery County.

(2) Medical Assistance Participation.

- (a) Except for short-stay hospital-based skilled nursing facilities required to meet .06B of this Chapter, the Commission may approve a Certificate of Need for a nursing home only for an applicant that participates, or proposes to participate, in the Medical Assistance Program, and only if the applicant documents a written Memorandum of Understanding with Medicaid to maintain the proportion of Medicaid patient days required by .05A 2(b) of this Chapter.**
- (b) Each applicant shall agree to serve a proportion of Medicaid patient days that is at least equal to the proportion of Medicaid patient days in all other nursing homes in the jurisdiction or region, whichever is lower, calculated as the weighted mean minus 15.5%, based on the most recent Maryland Long Term Care survey data and Medicaid Cost Reports available to the Commission, as shown in the *Supplement to COMAR 10.24.08: Statistical Data Tables*, or in subsequent updates published in the *Maryland Register*.**
- (c) An applicant shall agree to continue to admit Medicaid residents to maintain its required level of participation when attained, and have a written policy to this effect.**
- (d) Prior to licensure, an applicant shall execute a written Memorandum of Understanding with the Medicaid Assistance Program of the Department of Health and Mental Hygiene to:**
 - (i) Achieve or maintain the level of participation required by .05A2(b) of this Chapter; and**
 - (ii) Admit residents whose primary source of payment on admission is Medicaid.**
 - (iii) An applicant may show evidence why this rule should not apply.**

BGRNC currently has an MOU in place with the Medical Assistance Program. Signed on February 11, 1998, the MOU provides that Brooke Grove agrees to participate and serve Medicaid patients at the jurisdictional rate of 44.93% (DI #9, Exhibit C). The applicant states in

its Medicaid Participation Admissions Policy that “BGRNC will seek to maintain a proportion once attained of Medicaid patients that at a minimum is equal to the proportion of Medicaid patients in all other comprehensive care beds in the jurisdiction or region, whichever is lower.” (DI #9, Exhibit D)

The applicant states that it intends to sign a new MOU, or modify the existing one, to reflect current participation requirements. For FY 2013, MHCC calculated the Medicaid participation rate was 41.6% for CCFs serving Montgomery County. In FY 2013, Brooke Grove reported in the MHCC’s 2013 Long Term Care Survey that 48.6% of its patient days were for Medicaid-enrolled participants.

Staff recommends that approval of this application be conditioned on documentation that BGRNC meet the following condition:

Brooke Grove Rehabilitation and Nursing Center will maintain the minimum proportion of Medicaid patient days in its 1998 Memorandum of Understanding with the Maryland Medical Assistance Program agreeing to maintain the minimum proportion of 44.93% of Medicaid patient days in its 190 licensed CCF beds or execute a modified Memorandum of Understanding, in accordance with Nursing Home Standard COMAR 10.24.08.05A(2) for all of Brooke Grove Rehabilitation and Nursing Center’s 190 licensed CCF beds.

(3) Community-Based Services. An applicant shall demonstrate commitment to providing community-based services and to minimizing the length of stay as appropriate for each resident by:

- (a) Providing information to every prospective resident about the existence of alternative community-based services, including, but not limited to, Medicaid home and community-based waiver programs and other initiatives to promote care in the most appropriate settings.**

BGRNC makes a comprehensive list of information available to all prospective residents that includes: providers of services such as home care, home health, aging network services, and transportation; publications such as the Guide to Retirement Living and Montgomery County Seniors’ Guide; and resource information about support organizations such as the Alzheimer’s Association, transport services, assisted living, senior housing, senior day care programs, veterans’ assistance, case management, and home delivery of groceries.

(b) Initiating discharge planning on admission; and

BGRNC states that they initiate and create a discharge plan for each resident upon admission.

- (c) Permitting access to the facility for all “Olmstead” efforts approved by the Department of Health and Mental Hygiene and the Department of**

Disabilities to provide education and outreach for residents and their families regarding home and community-based alternatives.

BGRNC states that persons covered under the Olmstead Decision are provided education and direction to community-based services that best fit their needs. If the person's needs are potentially best met at Brooke Grove, the applicant completes an assessment that determines an appropriate placement.

The applicant complies with this standard.

(4) Nonelderly Residents. An applicant shall address the needs of its nonelderly (<65 year old) residents by:

(a) Training in the psychosocial problems facing nonelderly disabled residents; and

BGRNC trains staff members on an ongoing basis to serve people of all ages.³ The training follows the context of LIFE Principles/LIFE Illustrated, whose core values embody Living Well Together, Individual Discovery, Family Matters, and Enriching Experiences. The applicant uses these LIFE Principles as the foundational values of BGRNC's corporate culture initiative called LIFE Illustrated. The training is focused on the importance of relationships and connecting with people, i.e., understanding each person's values, affirming their unique strengths and contributions, embracing the whole person and their family, and providing experiences that are meaningful to each person. BGRNC includes a PowerPoint presentation that the applicant uses to train staff on the LIFE Principles/LIFE Illustrated. (DI #9, Question 15).

(b) Initiating discharge planning immediately following admission with the goal of limiting each nonelderly resident's stay to 90 days or less, whenever feasible, and voluntary transfer to a more appropriate setting.

The applicant states that it initiates discharge planning immediately following each resident's admission with the goal of discharging the resident or placing them in a more appropriate setting as quickly as possible, limiting the stay to 90 days or less.

Based on this response, the applicant complies with this standard.

(5) Appropriate Living Environment. An applicant shall provide to each resident an appropriate living environment, including, but not limited to:

(a) In a new construction project:

³ /The applicant states, "Brooke Grove is not a preferred provider for any HMO or a party in any other contractual relationship that directs under-65 patients/residents to BGRNC. However, BGRNC is prepared (to provide care) in the unlikely occurrence of a younger than expected resident." (DI #9, Question 15)

- (i) **Develop rooms with no more than two beds for each patient room;**
- (ii) **Provide individual temperature controls for each patient room; and**
- (iii) **Assure that no more than two residents share a toilet.**

The applicant states that the resident rooms will have no more than two beds in each patient room and that no more than two residents will share a toilet, and that each resident room will have individual temperature controls.

(b) In a renovation project:

- (i) **Reduce the number of patient rooms with more than two residents per room;**
- (ii) **Provide individual temperature controls in renovated rooms; and**
- (iii) **Reduce the number of patient rooms where more than two residents share a toilet.**

(c) An applicant may show evidence as to why this standard should not be applied to the applicant.

As designed, BGRNC will: eliminate patient rooms that serve more than two (currently there is just one such room, although at times there have been as many as four); include individual controls for cooling and heating each of the patient rooms; and address any issues with regard to the sharing of a toilet to no more than two residents. The proposed project complies with this standard for appropriate living environment.

- (6) Public Water. Unless otherwise approved by the Commission and the Office of Health Care Quality in accordance with COMAR 10.07.02.26, an applicant for a nursing home shall demonstrate that its facility is, or will be, served by a public water system.**

The Washington Suburban Sanitary Commission is a public water system that provides water to BGRNC. This standard is met.

- (7) Facility and Unit Design. An applicant must identify the special care needs of the resident population it serves or intends to serve and demonstrate that its proposed facility and unit design features will best meet the needs of that population. This includes, but is not limited to:**

- (a) Identification of the types of residents it proposes to serve and their diagnostic groups;**

- (b) Citation from the long term care literature, if available, on what types of design features have been shown to best serve those types of residents;**
- (c) An applicant may show evidence as to how its proposed model, which is not otherwise documented in the literature, will best serve the needs of the proposed resident population.**

BGRNC states that the 60 beds of the beds in the proposed replacement section will serve post-acute rehabilitation residents. It will include the following design features (DI #9, Questions 16):

1. Four patient rooms designed for use and treatment by bariatric patients, and include such features as larger bathrooms, and ceiling lifts for lifting and transporting patients to the bathroom.
2. Larger patient rooms designed to provide more space for equipment and personal items.
3. Larger support spaces that will: accommodate the staff's need for a care base and to have medical supplies available on the unit; and provide sufficient space for the higher number of staff serving the short stay rehab unit
4. A new rehabilitation area that includes space for some higher-tech but space-intensive equipment, such as a zero gravity treadmill. The existing building places limits on the size of the equipment BGRNC can provide for the short stay rehab unit.
5. Piped-in oxygen at the bedside of each resident room, which will facilitate therapies for pulmonary patients.
6. Installation of an electronic health record system, which will move Brooke Grove from paper to digital patient records to track and monitor the rehabilitation services provided to its patients.

The applicant has satisfied this standard.

- (8) Disclosure. An applicant shall disclose whether any of its principals have ever pled guilty to, or been convicted of, a criminal offense in any way connected with the ownership, development, or management of a health care facility.**

BGRNC states that none of the officers of the corporation or board has ever pled guilty to, or been convicted of, a criminal offense in any way connected with the ownership, development, or management of a health care facility. The applicant complies with this standard.

- (9) Collaborative Relationships. An applicant shall demonstrate that it has established collaborative relationships with other types of long term care providers to assure that each resident has access to the entire long term care continuum.**

BGRNC states that it has collaborative relationships with: home care and home health, community-based, outpatient, assisted living and other LTC providers; a physician specializing in pain management; other comprehensive care facilities and providers; and with senior living advocates and organizations such as LifeSpan and the Maryland Association of Non-Profit Homes for the Aging (MANPHA), Grass Roots Organization for the Wellbeing of Seniors (GROWS), the Board of Registered Nursing Home Administrators, and the Olney Chamber of Commerce. Brooke Grove utilizes nurse liaisons to build relationships with community-based providers, hospitals, other comprehensive care facilities, assisted living facilities, physicians and any kind of company for which BGRNC might refer a resident for a service.

The applicant complies with this standard.

B. New Construction or Expansion of Beds or Services. The Commission will review proposals involving new construction or expansion of comprehensive care facility beds, including replacement of an existing facility or existing beds, if new outside walls are proposed, using the following standards in addition to .05A(1)-(9):

(1) Bed Need.

- (a) An applicant for a facility involving new construction or expansion of beds or services, using beds currently in the Commission's inventory, must address in detail the need for the beds to be developed in the proposed project by submitting data including, but not limited to: demographic changes in the target population; utilization trends for the past five years; and demonstrated unmet needs of the target population.**
- (b) For a relocation of existing comprehensive care facility beds, an applicant must demonstrate need for the beds at the new site, including, but not limited to: demonstrated unmet needs; utilization trends for the past five years; and how access to, and/or quality of, needed services will be improved.**

BGRNC is an applicant that is proposing to expand its bed capacity using beds that are currently in the Commission's inventory (by purchasing beds that are temporarily de-licensed), and as such is also proposing to relocate those purchased beds (22) to a new site. The applicant bases its response to this two-part standard on:

- A growing population and aging demographic;
- Environmental changes brought on by health care reform;
- A growing need for short term rehabilitation beds in the region.
- Reasonably high and growing occupancy at BGRNC;

Population Growth and Age Composition

Table IV-1 shows the projected population statistics for Montgomery County and the State of Maryland. Overall, Montgomery County is projected to grow by 9.8% between 2010 and 2020, to 1,067,000 people. 15.7% of the residents, or 167,642, will be 65 or over – the same proportion as the state as a whole. 2.1% of the population will be 85+, slightly above the state's projected 1.9%. Montgomery County will have more than one in six (18.7%) of Maryland's 85+ population in 2020. Staff notes that population trends are taken into account in its bed need projections.

**Table IV-1: Trends in Population by Age Group
Montgomery County and State of Maryland, CY 2010 – 2040**

Montgomery Co.	2010	2020	2030	2040	2010-2020	2020-2030	2030-2040
	Population by Age Cohort				Projected Increase (Decrease)		
0-64	852,008	899,358	933,509	959,589	5.6%	3.8%	2.8%
65-74	62,541	97,368	117,581	110,031	55.7%	20.8%	-6.4%
75-84	37,797	47,723	74,335	90,609	26.3%	55.8%	21.9%
85+	19,431	22,551	28,474	42,573	16.1%	26.3%	49.5%
Total	971,777	1,067,000	1,153,899	1,202,802	9.8%	8.1%	4.2%
State of Maryland	2010	2020	2030	2040	2010-2020	2020-2030	2030-2040
	Population by Age Cohort				Projected Increase (Decrease)		
0-64	5,065,910	5,235,577	5,310,875	5,458,561	3.3%	1.4%	2.8%
65-74	386,357	580,747	712,563	634,868	50.3%	22.7%	-10.9%
75-84	223,159	277,601	422,545	525,719	24.4%	52.2%	24.4%
85+	98,126	120,581	157,872	237,102	22.9%	30.9%	50.2%
Total	5,773,552	6,214,506	6,603,855	6,856,250	7.6%	6.3%	3.8%

Source: Prepared by Maryland Department of Planning
2013 Total Population Projections by Age, Sex and Race (1/28/14)

Other factors stated by the applicant.

BGRNC posits that environmental changes related to health care reform are already increasing demand for CCF beds generally, and at BGRNC in particular, and that trend will only increase. The applicant states that key factor is reimbursement rules that now penalize hospitals financially for a patient readmission that occurs within 30 days of discharge from the hospital. BGRNC notes that patients admitted there have a 15% readmission rate compared to a national readmission average of around 20%. (DI #2, p. 18) BGRNC states that as a result, it has developed strong clinical partnership with institutions such as MedStar Montgomery Medical Center, Holy Cross Hospital, and Suburban Hospital to provide short stay rehabilitation care to patients discharged from these facilities.

To support these relationships, BGRNC has hired registered nurses as nurse liaisons to market the services and build a referral base with physicians, other facilities, home care

companies, and in particular, the hospitals in this jurisdiction. Brooke Grove states that these nurse liaisons have helped increase the number of admissions from institutions such as Holy Cross Hospital and Suburban Hospital as well as Leisure World, a nearby retirement community, and a number of assisted living facilities located in Olney and Sandy Springs. Appendix 6 provides a breakdown on the number of patients admitted from FY2010 through FY2014 to BGRNC for skilled nursing care from hospitals and other health care providers.

The applicant also refers to what it characterizes as the “expected” or “anticipated” elimination of the three-day hospital stay as a requisite for skilled care, a change that may reduce hospital censuses but perhaps increase the use of skilled nursing care. This factor is speculative, at best, however, as Medicare has not shown an inclination to adopt such a policy.

Growing occupancy at BGRNC

As discussed in the next standard, occupancy at Brooke Grove has been strong, especially in the more modern sections of the building, with a cumulative 89.9% for the five-year period FY2010 through FY2014. The project is tailored to accommodating an increasing number of short term and/or rehabilitative stays.

Staff concludes that the applicant is consistent with this standard.

(2) Facility Occupancy.

(a) The Commission may approve a nursing home for expansion only if all of its beds are licensed and available for use, and it has been operating at 90 percent or higher, average occupancy for the most recent consecutive 24 months.

(b) An applicant may show evidence why this rule should not apply.

The total occupancy for Brooke Grove slightly exceeded 90% utilization for both FY 2013 and FY 2014, with a cumulative 89.9% for the five year period FY2010 through FY2014.

In addition, the applicant provided occupancy data to back up its statement that the overall occupancy at Brooke Grove has been held back by the sagging occupancy experienced in the older building (“Sharon” in the table below) which houses 48 of its 168 CCF beds. While utilization of the 120 beds in the newer section of Brooke Grove has averaged 92.7% over the last three years, it has averaged just 84.3% in the 48-bed older section. The applicant states that the low use rate is attributable to the difficulty of marketing the aging wing.

**Table IV-2: Historical Utilization at Brooke Grove
Rehabilitation & Nursing Center, FY2010 – FY 2014**

FY	Census Days			Possible Days	Occupancy		
	Sharon unit (48 beds)	Remainder of BG (120 beds)	Total Days (168 beds)		Sharon unit	Remainder of BG	Total Occupancy
FY2010	16,316	39,217	55,533	61,320	93.1%	89.5%	90.6%
FY2011	14,912	39,201	54,113	61,320	85.1%	89.5%	88.2%
FY2012	15,054	39,529	54,583	61,488	85.7%	90.0%	88.8%
FY2013	15,035	41,037	56,072	61,320	85.8%	93.7%	91.4%
FY2014	14,266	41,298	55,564	61,320	81.4%	94.3%	90.6%

Source: DI #9, Exhibit G

Utilization for all of the 168 CCF beds at BGRNC exceeded 90% utilization for the past two fiscal years. The applicant is consistent with this standard.

(3) Jurisdictional Occupancy.

- (a) The Commission may approve a CON application for a new nursing home only if the average jurisdictional occupancy for all nursing homes in that jurisdiction equals or exceeds a 90 percent occupancy level for at least the most recent 12 month period, as shown in the Medicaid Cost Reports for the latest fiscal year, or the latest Maryland Long Term Care Survey, if no Medicaid Cost Report is filed. Each December, the Commission will issue a report on nursing home occupancy.
- (b) An applicant may show evidence why this rule should not apply.

Since BGNRC does not seek to establish a new CCF in this jurisdiction, this standard is not applicable.

(4) Medical Assistance Program Participation.

- (a) An applicant for a new nursing home must agree in writing to serve a proportion of Medicaid residents consistent with .05A 2(b) of this Chapter.
- (b) An applicant for new comprehensive care facility beds has three years during which to achieve the applicable proportions of Medicaid participation from the time the facility is licensed, and must show a good faith effort and reasonable progress toward achieving this goal in years one and two of its operation.

Paragraphs (4)(a) and (b) do not apply as this project does not propose a new CCF or new comprehensive care beds for this jurisdiction.

- (c) **An application for nursing home expansion must demonstrate either that it has a current Memorandum of Understanding (MOU) with the Medical Assistance Program or that it will sign an MOU as a condition of its Certificate of Need.**
- (d) **An applicant for nursing home expansion or replacement of an existing facility must modify its MOU upon expansion or replacement of its facility to encompass all of the nursing home beds in the expanded facility, and to include a Medicaid percentage that reflects the most recent Medicaid participation rate.**
- (e) **An applicant may show evidence as to why this standard should not be applied to the applicant.**

BGRNC signed an MOU on February 11, 1998 with the Maryland Medical Assistance Program which provides that approximately 44.93% of the total CCF beds at Brooke Grove would serve Medicaid patients annually. (DI #9, Exhibit C)

With the approval of the replacement project, the applicant states that it will sign a new MOU with a Medicaid percentage that reflects the most recent Medicaid participation rate. (DI #2, p. 20)

If the MHCC approves Brooke Grove's CON application does not execute a replacement MOU, it will be required to maintain the minimum of 44.93% of Medicaid patient days in its 190 beds. While the applicant states it will comply with this standard, staff recommends that approval of this application with the following condition:

Brooke Grove Rehabilitation and Nursing Center will maintain the minimum proportion of Medicaid patient days in its 1998 Memorandum of Understanding with the Maryland Medical Assistance Program agreeing to maintain the minimum proportion of 44.93% of Medicaid patient days in its 190 licensed CCF beds or execute a modified Memorandum of Understanding, in accordance with Nursing Home Standard COMAR 10.24.08.05A(2) for all of Brooke Grove Rehabilitation and Nursing Center's 190 licensed CCF beds.

- (5) **Quality. An applicant for expansion of an existing facility must demonstrate that it has no outstanding Level G or higher deficiencies, and that it maintains a demonstrated program of quality assurance.**

BGRNC provided a copy of its 2014 Quality Assurance Performance Improvement ("QAPI") Plan. The plan identifies the members on its QAPI Committee, which meets at least on a monthly basis, and delineates the roles and responsibilities for this committee in "assessing the overall organizational performance." (DI #9, Exhibit L)

The Brooke Grove Foundation currently operates Brooke Grove Rehabilitation & Nursing Center, a 168-bed CCF in Montgomery County, and Willamsport Nursing Home, a 121 bed CCF in Washington County. The Medicare.gov Nursing Home Compare website⁴ does not show any outstanding Level G or higher deficiency based on its latest standard health inspection which was performed in February 2014.

Commission staff also used this CMS website to compare Brooke Grove's performance to other facilities in the State. The table below compares the deficiencies reported at BGRNC to the average for all Maryland nursing homes.

**Table IV-3: CMS Nursing Home Inspection Comparison Ratings
Brooke Grove Rehabilitation and Nursing Center with Maryland**

Deficiency Category	#Deficiencies by Reporting Period		
	11/1/2013- 10/31/2014	11/1/2012- 10/31/2013	11/1/2011- 10/31/2012
Quality Care Deficiencies	5	5	1
Resident Assessment Deficiencies	5	1	0
Resident Rights Deficiencies	1	1	0
Nutrition and Dietary Deficiencies	0	1	0
Pharmacy Service Deficiencies	0	3	1
Environmental Deficiencies	0	4	0
Administration Deficiencies	1	0	0
Total	12	15	2
State Average	11.1	10.7	10.1

Source: Nursing Home Compare website at Medicare.gov

Table IV-3 above shows that the total number of deficiencies cited at Brooke Grove was slightly higher than the state average for the last two reporting periods. Overall, the CMS Nursing Home Compare website gives BGRNC a rating of three stars out of five (average) for the entire facility, and three stars out of five – an average rating – for health inspections.⁵ **Appendix 5** summarizes the features in the Medicare Nursing Home Compare website and the use of the Five Star Quality Rating System, including a brief description on the strengths and limitations of using this system.

The applicant meets this standard.

- (6) Location. An applicant for the relocation of a facility shall quantitatively demonstrate how the new site will allow the applicant to better serve residents than its present location.**

Since the applicant does not seek to relocate this existing facility, this standard is not applicable.

⁴ Available at: <http://www.medicare.gov/nursinghomecompare/search.html>

⁵ With regard to Willamsport Nursing Home, this facility was not cited for any Level G or higher deficiency at its last inspection, which was in September 2014. While the total number of deficiencies cited at Willamsport was 17, the Nursing Home Compare website gave this facility an overall rating of five stars, or much above average, which were due to strong findings with regard to staffing and the results with regard to quality measures.

OTHER CERTIFICATE OF NEED REVIEW CRITERIA

The project's compliance with the five remaining general review criteria in the Regulations governing Certificate of Need is outlined below:

B. NEED

COMAR 10.24.01.08G(3)(b) Need. The Commission shall consider the applicable need analysis in the State Health Plan. If no State Health Plan need analysis is applicable, the Commission shall consider whether the applicant has demonstrated unmet needs of the population to be served, and established that the proposed project meets those needs.

The application complies with the Bed Need Projections in the State Health Plan.

The 2016 Bed Need Projection for Nursing Home Beds indicates there is no need for additional CCF beds in Montgomery County, and, in fact, that there is a surplus of 1191 CCF beds. Since BGRNC does not propose to add any new beds to the inventory and only seeks to relocate 22 existing CCF beds purchased from National Lutheran/Village, the total number of CCF beds in this jurisdiction will remain the same.

Current utilization in the jurisdiction is moderate.

Utilization in Montgomery County averaged about 85% for the 4,607 licensed CCF beds. Upon further examination, the 27 CCFs have operated at around 87% for the period FY 2009 through FY 2013, whereas the 7 continuing care retirement communities have had a lower utilization that varied depending on the provider.

In contrast, Brooke Grove occupancy rates for FY 2012 through FY 2014 have been around or a little above 90%, despite the applicant's stated difficulty attracting patients to the 48 CCF beds in the older section of the facility that is the focus of this CON application.

Projections show an aging service area population.

As previously discussed in COMAR 10.24.08.05(B)(1), the 65-and-over population will grow from 100,338 to 145,091 (44.6%) in Montgomery County between 2010 and 2020. The 65-74 cohort will increase by 55.7%; the 75-84 cohort will increase by 26.3%; and the 85 and over cohort will grow by 16%. These demographics are among the factors that are accounted for in the MHCC's bed need projections.

Eliminating life safety code waivers and improving access.

The Chapter notes, in discussion surrounding Policy 1.0 that the physical stock of nursing homes in Maryland is aging and that many nursing home are in need of renovation or replacement. Policy 1.0 (emphasis added) provides that "[t]he Commission will assess the impact of nursing home physical plant age and design on quality of care, and **encourage facilities to develop replacement facilities where needed.**" Though not directly applicable to this review, which involves a project involving new construction rather than renovation, COMAR 10.24.08.05(c)(3) requires an applicant proposing renovation to "demonstrate how the renovation of the facility will improve the quality of care for residents in the renovated facility, and, if applicable, **will eliminate or reduce life safety code waivers from the Office of Health**

Care Quality and the State Fire Marshall's Office." This proposed project, if approved, will eliminate the life safety code waivers that apply to at least some of the beds in Brooke Grove's existing 48-bed unit.

BGRNC states that it has developed a strong clinical partnership with institutions such as MedStar Montgomery Medical Center, Holy Cross Hospital, and Suburban Hospital to provide short stay rehabilitative care to patients discharged from these facilities. The applicant provided a table showing the increasing numbers of referrals by institution to Brooke Grove from FY 2010 to FY 2014. This information is in Appendix 6. While MedStar Montgomery Medical Center provides the most referrals, BGRNC has shown an increase in the number of referrals from institutions such as Holy Cross Hospital and Shady Grove Adventist Hospital in the past five years. With the construction of the replacement facility, the applicant expects the demand for short stay rehab services to increase with the introduction of a newer building and larger space for this program.

In summary, the need for this project is supported by the fact that it uses beds already in Montgomery County's CCF bed inventory and it replaces a physical plant that annually receives life safety code waivers.

The applicant has demonstrated the need to construct a 70-bed replacement wing that includes the 48 existing CCF beds at Brooke Grove and the 22 licensed CCF beds that will be purchased from National Lutheran/The Village at Rockville and relocated to BGRNC contingent on CON approval .

C. AVAILABILITY OF MORE COST-EFFECTIVE ALTERNATIVES

COMAR 10.24.01.08G(3)(c) Availability of More Cost-Effective Alternatives. The Commission shall compare the cost effectiveness of the proposed project with the cost effectiveness of providing the service through alternative existing facilities, or through an alternative facility that has submitted a competitive application as part of a comparative review.

The applicant has submitted a proposal to replace 48 beds that it already operates as well as 22 beds it plans to acquire out of the existing jurisdictional inventory. There is no competing application or proposal to renovate nursing home beds before the Commission.

When asked to comment on the cost effectiveness of an alternative approach of encouraging or allowing short-stay rehabilitation patients to receive care in currently licensed CCF beds located at other facilities within Montgomery County, BGRNC states that "market forces and facility adaptations to occupancy will resolve the issue of under-performing facilities."

Brooke Grove stated that since it is over the allowable cap for reimbursement related to building costs, the proposed project is not expected to add cost to the health care system, and that the project would enable BGRNC to provide the highest level of services in a modern building that is conducive to healing, recovery, and wellness. (DI #9, Question 26)

Staff concludes that the proposed project is the most cost effective alternative.

D. VIABILITY OF THE PROPOSAL

COMAR 10.24.01.08G(3)(d) Viability of the Proposal. *The Commission shall consider the availability of financial and nonfinancial resources, including community support, necessary to implement the project within the time frames set forth in the Commission's performance requirements, as well as the availability of resources necessary to sustain the project.*

Availability of Resources Necessary to Implement the Project

BGRNC will finance the project with a combination of \$1,001,100 in cash, \$23,900 in interest income, and \$24.0 million from a mortgage loan. Table IV-4 below outlines the costs and sources of funds for the project.

**Table IV-4: Project Budget Estimate –
Uses and Sources of Funds**

A. Uses of Funds	Nursing Facility
Capital Costs	
New Construction	
Building	15,168,000
Fixed Equipment	1,427,000
Site Preparation	2,015,000
Architect/Engineering Fees ⁶	1,835,000
Permits	625,000
Subtotal	21,070,000
Renovations	
Building	60,000
Other Capital Costs	
Minor Movable Equipment	421,000
Contingencies ⁷	1,339,000
Other Capital Costs (FFE)	635,000
Other (Purchase of 22 CCF Beds)	110,000
Subtotal	2,505,000
Sub-Total Current Capital Costs	23,635,000
Non Current Capital Costs	
Interest	960,000
Inflation	0
Total-Proposed Capital Costs	24,595,000

⁶ Includes architectural design fees, MEP design fees, civil engineering fees, kitchen design, third party building/contractor consultant costs, construction management fees, and field engineering fees for civil engineering.

⁷ Based on a 3.5% contingency of the building and site costs for the general contractor and a 3.5% contingency of the total project cost for the owner.

Financial and Other Cash Requirements	
Loan Placement Fee	400,000
Legal Fees (Other, Zoning)	30,000
Subtotal	430,000
Total Uses of Funds	\$25,025,000
B Sources of Funds	Nursing Facility
Cash	\$1,001,100
Interest Income	23,900
Mortgage	24,000,000
Total Sources of Funds	\$25,025,000

Source: Response to Questions 11/10/2014. (DI #9 & 16)

Brooke Grove Foundation, Inc's audited financial statements indicate there are sufficient cash and cash equivalents for the equity portion of the project. The applicant will work with M&T Bank on the \$24 million mortgage loan.

Availability of Resources Necessary to Sustain the Project

a) Finances

Tables IV-5 and IV-6 display the key operating statistics and projected operating statements for Brooke Grove.

**Table IV-5: Key Operating Statistics
Brooke Grove Rehabilitation and Nursing Center**

Fiscal Year	2013	2014	2015	2016	2017	2018	2019
Licensed Beds	168	168	168	168	176	190	190
Admissions	525	527	541	542	629	728	728
Patient Days	56,072	55,564	55,495	55,647	57,816	64,193	64,193
Occupancy Percentage	91.4%	90.6%	90.5%	90.5%	90.0%	92.6%	92.6%
Medicare as Percent of PD*	22.7%	25.5%	26.2%	26.2%	29.7%	31.0%	31.0%
Medicaid as Percent of PD*	48.5%	48.4%	49.0%	48.9%	45.8%	43.0%	43.0%
Commercial Insurance as Percent of PD*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Self-Pay as Percent of PD*	28.8%	26.1%	24.8%	24.9%	24.5%	26.0%	26.0%

Source: DI #9, Exhibit P

*PD is Patient Days

**Table IV-6: Revenue and Expense Statement
Brooke Grove Rehabilitation and Nursing Center**

	Two Most Actual Ended Recent Years		Current Year Projected	Projected Years			
	2013	2014	2015	2016	2017	2018	2019
Revenue (in 000s)							
Inpatient Services	22,599	24,226	24,683	25,348	27,729	32,048	32,816
Outpatient Services	0	0	0	0	0	0	0
Gross Patient Revenue	22,599	24,226	24,683	25,348	27,729	32,048	32,816
Allowance for Bad Debt	120	402	410	421	461	533	546
Contractual Allowance	4,963	6,010	6,018	6,180	6,761	7,814	8,001
Charity Care (includes contractual allowances/non-covered portions of bills for patients)	16	13	18	19	20	23	24
Net Patient Services Revenue	17,500	17,801	18,237	18,728	20,487	23,678	24,245
Other Operating Revenue*	464	434	446	461	493	564	582
Net Operating Revenue	\$ 17,964	\$ 18,235	\$ 18,683	\$ 19,189	\$ 20,980	\$ 24,242	\$ 24,827
Expenses							
Salaries, Wages, Professional Fees (including benefits)	9,928	10,400	10,450	10,711	11,547	12,670	12,986
Contractual Services	1,986	2,234	2,341	2,405	2,813	3,271	3,353
Interest on Current Debt	189	138	170	157	143	128	113
Interest on Project Debt	0	0	0	0	120	720	720
Current Depreciation	537	550	563	578	592	607	642
Project Depreciation	0	0	0	0	136	816	816
Current Amortization	0	0	0	0	0	0	0
Project Amortization	0	0	0	0	0	0	0
Supplies	2,121	2,297	2,376	2,437	2,732	3,095	3,172
Other Expenses **	2,341	2,425	2,486	2,548	2,814	2,966	3,041
Total Operating Expenses	\$ 17,102	\$ 18,044	\$ 18,386	\$ 18,836	\$ 20,897	\$ 24,273	\$ 24,843
Income (in 000s)							
Income from Operations	862	191	297	353	83	-31	-16
Non-Operating Income	136	82	142	146	150	155	159
Subtotal	998	273	439	499	233	124	143
Income Taxes	0	0	0	0	0	0	0
Net Income (in 000s)	\$ 98	\$ 273	\$ 439	\$ 499	\$ 233	\$ 124	\$ 143

Source: DI #9, Exhibit P

*Includes beautician fees, rentals, special services (hand feeding, incontinence care).

**Includes utilities, insurance, real estate tax, marketing, continuing education.

As shown in the Table IV-5 above, the completion of the 70 bed CCF replacement wing is expected to enable Brooke Grove to increase the number of Medicare-eligible patient days from 25.5% in FY 2014 to around 31% by FY 2018. The substitution of Medicare for Medicaid

will boost revenues. This is important because margins are thin, and boosted to profitability by the presence of non-operating income derived from rental housing. (DI#17)

b) Staffing

The following table shows the current and future staffing plan for the facility, with the "change in FTE's" column indicating the incremental growth of staff due to the proposed project during the first full year of operation. The table also shows the incremental staffing costs associated with the project. BGRNC does not anticipate having any difficulty in recruiting staff for the proposed facility.

**Table IV-7: Total Manpower
Brooke Grove Rehabilitation and Nursing Center**

Position	Current No. FTEs	Change in FTEs	Current Salary	Projected Salary
Administration				
Administration	17.4	0.0		
Direct Care				
Direct Care	109.6			
Nursing		16.8	\$46,000	772,800
Support				
Support	57.1			
Dietary		2.1	\$34,000	71,400
Housekeeping		2.0	\$29,000	58,000
Plant Operations		2.0	\$47,000	94,000
Total	184.1	22.9	Total Salaries*	\$996,200
Benefits*			Employee Benefits**	104,601
Total Cost			Total Salaries & Benefits	\$1,100,801

*The total salaries for the additional 22.9 FTEs

**10.5% of Wages

Source: (DI #2, CON application, Table 6)

Table IV-8 below indicates that BGRNC will have a direct care staffing schedule that will deliver an overall average ratio of 3.9 nursing hours per bed per day of care during the weekdays and 4.0 nursing hours per day of care during the weekends or holidays. These staffing ratios exceed the minimum of two hours per bed per day required by COMAR 10.07.02.12.

**Table IV-8: Nurse Staffing by Shift –
BGRNC - 70 CCF beds Replacement**

Staff Category	Weekday			Weekend/Holiday		
	D	E	N	D	E	N
RN	1.0	1.0	1.0	1.0	1.0	1.0
LPN	3.0	3.0	2.0	3.0	3.0	2.0
CNAs	7.0	7.0	4.0	7.0	7.0	4.0
Medicine Aide	2.0	1.0	0.0	2.0	1.0	0.0
Restorative Aide	1.0	0	0	0.0	0.0	0.0
Clinical RN	1.0	0	0	1.0	1.0	1.0
Total FTEs	15.0	12.0	7.0	14.0	13.0	8.0
Total Hours by Shift*	120	96	56	112	104	64
Total Hours			272			280
Total Number of Beds			70			70
Hours Per Bed Per Day			3.9			4.0

Assuming 8 hours per shift

Source: (DI #2, CON application, Table 7)

Summary

Brooke Grove has demonstrated it can obtain the financial resources necessary for project development. The applicant's projection of positive bottom lines from the outset of the project are based on assumptions regarding utilization, revenues, expenses, staffing, and payer mix that are within acceptable ranges.

Thus, staff concludes that the applicant will have sufficient resources to sustain the operation of the new facility and recommends a finding that the project is financially viable.

E. COMPLIANCE WITH CONDITIONS OF PREVIOUS CERTIFICATES OF NEED

COMAR 10.24.01.08G(3)(e) Compliance with Conditions of Previous Certificates of Need. An applicant shall demonstrate compliance with all terms and conditions of each previous Certificate of Need granted to the applicant, and with all commitments made that earned preferences in obtaining each previous Certificate of Need, or provide the Commission with a written notice and explanation as to why the conditions or commitments were not met.

In November 1997, Brooke Grove Foundation, Inc. received CON approval replace and relocate BGRNC the current location. Over time it was connected to the older section and grew to 168 beds. The estimated cost of the project on that date was \$9,624,850. The MHCC's records indicate that BGRNC complied with all regulatory requirements applicable to this project.

The applicant complies with this criterion.

F. IMPACT ON EXISTING PROVIDERS AND THE HEALTH CARE DELIVERY SYSTEM

COMAR 10.24.01.08G(3)(f) Impact on Existing Providers and the Health Care Delivery System. An applicant shall provide information and analysis with respect to the impact of the proposed project on existing health care providers in the health planning region, including the impact on geographic and demographic access to services, on occupancy, on costs and charges of other providers, and on costs to the health care delivery system.

The 48 beds proposed to be replaced together with the 22 proposed to be relocated from National Lutheran currently exist in the jurisdictional inventory and are only a small portion of the 4,607 licensed beds operating in this jurisdiction (1.5%).

BGRNC believes the proposed project will have negligible impact on existing CCF providers in Montgomery County, citing the increase in and aging of the population and the increasing demand for short stay rehab services. This belief is evidenced by letters of support from several hospitals and physicians; the proposed project seeks to place Brooke Grove in a position to address this growing niche in the future.

In addition, since Brooke Grove is over the allowable cap for reimbursement related to building costs the applicant does not expect the proposed replacement project will add any costs to the health care system.

Therefore, staff concludes that the construction of a two-story, 78,473 s.f. addition that will replace 48 existing CCF beds at BGRNC from a sub-standard physical plant and relocate 22 CCF beds purchased from National Lutheran will have a positive impact on the health care delivery system in Montgomery County, and recommends a finding of compliance with this standard.

II. SUMMARY AND STAFF RECOMMENDATION

Staff has analyzed the proposed project's compliance with the applicable State Health Plan and standards in COMAR 10.24.01.08.05A and B, and with the other Certificate of Need review criteria, COMAR 10.24.01.08G(3)(b)-(f).

Staff finds the proposed project to be in compliance with the applicable criteria and standards in COMAR 10.24.01.08, State Health Plan: Long Term Care Service, as well as the criteria at COMAR 10.24.01.08G(3) and recommends **APPROVAL** with the following condition:

Brooke Grove Rehabilitation and Nursing Center will maintain the minimum proportion of Medicaid patient days in its 1998 Memorandum of

Understanding with the Maryland Medical Assistance Program agreeing to maintain the minimum proportion of 44.93% of Medicaid patient days in its 190 licensed CCF beds or execute a modified Memorandum of Understanding, in accordance with Nursing Home Standard COMAR 10.24.08.05A(2) for all of Brooke Grove Rehabilitation and Nursing Center's 190 licensed CCF beds..

IN THE MATTER OF

BROOKE GROVE NURSING &
REHABILITATION CENTER

DOCKET NO. 14-15-2354

*
*
*
*
*
*
*

BEFORE THE

MARYLAND HEALTH

CARE COMMISSION

FINAL ORDER

Based on Commission Staff's analysis and findings, it is this 19th day of February, 2015,
ORDERED that:

The application for Certificate of Need submitted by Brooke Grove Rehabilitation and Nursing Center, to build a two-story comprehensive care wing to replace the existing 48 bed facility currently operating on the Brooke Grove campus and relocate 22 CCF beds purchased from National Lutheran/Village to Sandy Spring, Montgomery County, Docket No. 14-15-2354, at an estimated cost of \$25,025,000, be **APPROVED**, subject to the following condition:

Brooke Grove Rehabilitation and Nursing Center will maintain the minimum proportion of Medicaid patient days in its 1998 Memorandum of Understanding with the Maryland Medical Assistance Program agreeing to maintain the minimum proportion of 44.93% of Medicaid patient days in its 190 licensed CCF beds or execute a modified Memorandum of Understanding, in accordance with Nursing Home Standard COMAR 10.24.08.05A(2) for all of Brooke Grove Rehabilitation and Nursing Center's 190 licensed CCF beds.

MARYLAND HEALTH CARE COMMISSION

February 19, 2015

APPENDIX 1:

REVIEW OF THE RECORD

Docket Item #	Description	Date
1	Dennis Hunter filed a letter of intent (LOI) on behalf of Brooke Grove Foundation ("Brooke Grove") to construct a 70-bed replacement facility in Montgomery County, consisting of 48 existing continuing care facility ("CCF") beds and the purchase and relocation of 22 CCF beds from National Lutheran Communities and Services/Village: with CON approval, Brooke Grove would increase from 168 to 190 CCF beds. MHCC staff acknowledges receipt of the LOI on July 18, 2014.	7/1/2014
2	Brooke Grove submits a Certificate of Need ("CON") application seeking to construct a 70 bed replacement facility consisting of 48 existing CCF beds and 22 CCF beds purchased from National Lutheran/Village. Upon completion, Brooke Grove would increase from 168 to 190 licensed CCF beds (Matter No. 14-15-2354).	9/12/2014
3	MHCC acknowledges receipt of this CON application by letter.	9/15/2014
4	Staff requests that the <i>Washington Times</i> publish notice of receipt of the CON application for Montgomery County.	9/15/2014
5	Staff requests that the <i>Maryland Register</i> publish notice of receipt of the CON application.	9/15/2014
6	The <i>Washington Times</i> sent confirmation that a Notice of receipt of the CON application was published on September 25, 2014.	9/25/2014
7	Commission staff finds the CON application incomplete and requests additional information.	9/29/2014
8	Brooke Grove requests via email extending the date for submission of responses to completeness questions from October 13 th to October 20 th . Staff acknowledges receipt of Brooke Grove's request on September 29 th and grants the extension of time for Brooke Grove to submit responses to October 20 th .	9/29/2014
9	Commission receives responses to the September 29, 2014 request for additional information.	10/17/2014
10	Commission acknowledges receipt of Brooke Grove's October 17, 2014 response and informed notification of docketing for the application in the <i>Maryland Register</i> effective November 14, 2014. While the application is docketed, staff requested that the applicant submit additional information addressing the following: a revised Project Budget; a list of referrals to Brooke Grove from FY 2012 through FY 2014; clarification on the assisted living and independent living facilities operated by Brooke Grove, and a list of zip codes in the primary service area.	10/31/2014

11	Commission requests publication of notification for the formal start of review in the <i>Washington Times</i> .	10/31/2014
12	Commission requests publication of notification for the formal start of review in the <i>Maryland Register</i> .	10/31/2014
13	Brooke Grove requests via email extending the date for submission of responses to the request for additional information from October 31 st to the following week. Staff acknowledges receipt of Brooke Grove's request on November 5 th and grants the extension of time for Brooke Grove to submit responses before November 27 th .	11/5/2014
14	Commission receives revised Project Budget as requested from October 31, 2014 docketing letter.	11/5/2014
15	Staff sends a copy of the CON application to the Montgomery County Health Department for review and comment.	11/10/2014
16	Commission receives response to request for additional information from MHCC's October 31 st letter.	11/10/2014
17	Emailed response from Dennis Hunter to question about the source of non-operating income.	2/09/15

APPENDIX 2:

BROOKE GROVE FOUNDATION, INC. FACILITIES

OWNERSHIP INTERESTS

Brooke Grove Foundation, Inc.

1. Sandy Spring Campus (Montgomery County)

- a. Brooke Grove Rehabilitation and Nursing Center – 168 CCF beds**
- b. Assisted Living – 7 facilities – total 112 beds**
 - i. The Meadows 1635 – 16 beds**
 - ii. The Meadows 1637 – 16 beds**
 - iii. The Meadows 1639 – 16 beds**
 - iv. The Meadows 1641 – 16 beds**
 - v. The Woods 1612 – 16 beds**
 - vi. The Woods 1614 – 16 beds**
 - vii. The Woods 1616 – 16 beds**
- c. Brooke Grove Independent Living CCRC – 40 units**

2. Williamsport Campus (Washington County)

- a. Williamsport Nursing Home – 121 beds**
- b. Assisted Living – 2 facilities – 42 beds**
 - i. Twin Oaks – 21 beds**
 - ii. Twin Oaks – 21 beds**

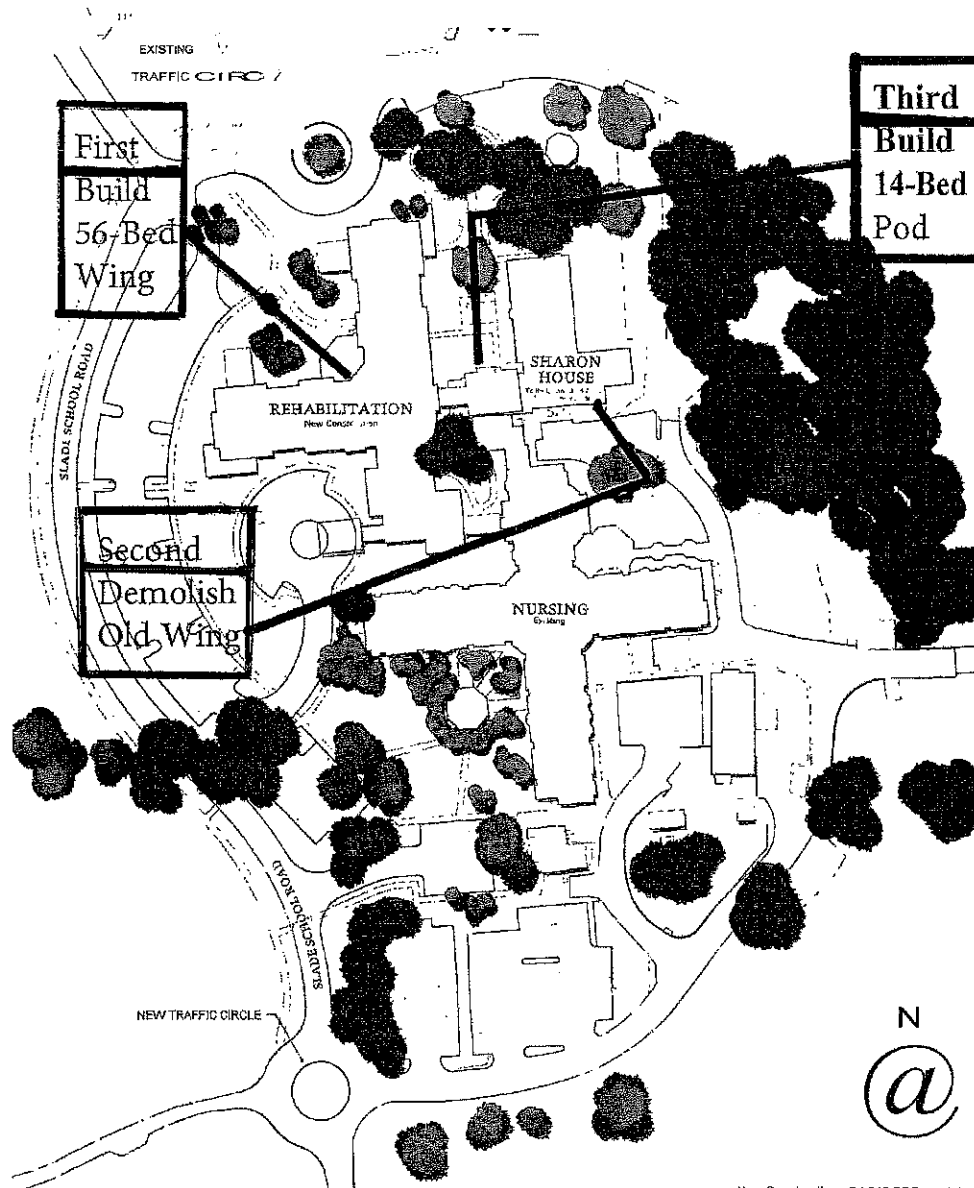
3. Meyersdale, Pennsylvania

- a. Group Home – 33 beds**
 - i. Rest Assured Living Center – 33 beds**

APPENDIX 3:
FLOOR PLANS

Brooke Grove Rehab and Nursing Center 70-Bed Replacement Facility

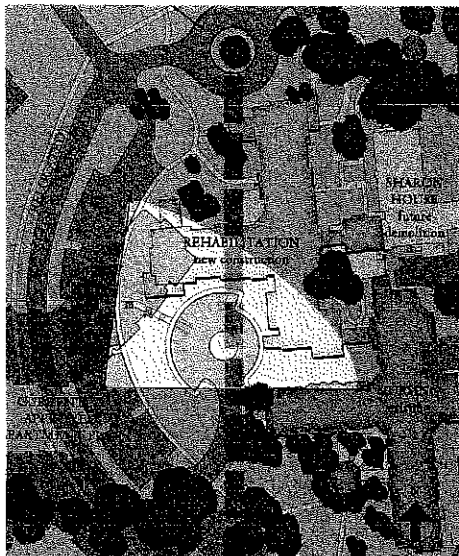




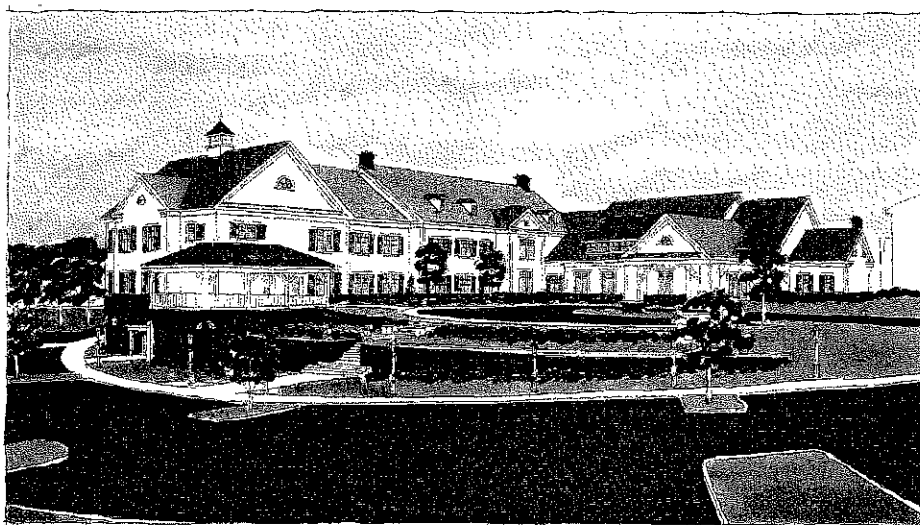
New Construction - 34,340 SF Footprint
Sharon House - 11,200 SF Footprint

PROPOSED 70-BED REPLACEMENT FACILITY

Brooke Grove Foundation
Sandy Spring Campus



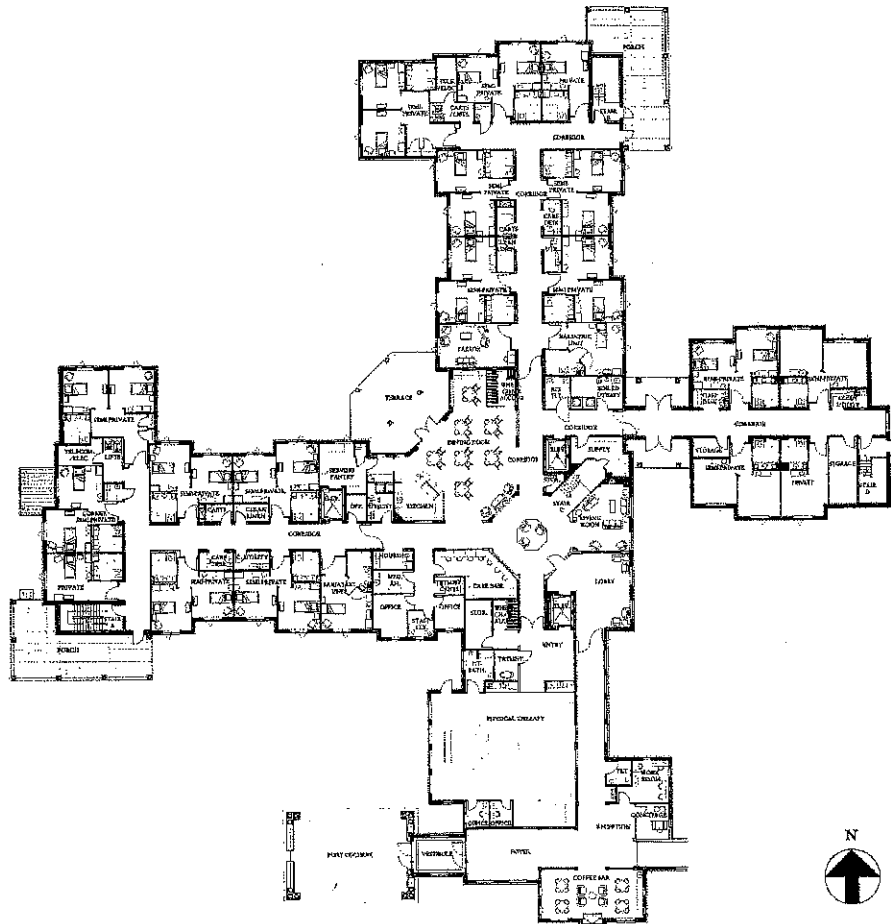
VANTAGE POINT FOR VIEW



20130529

March 26, 2013





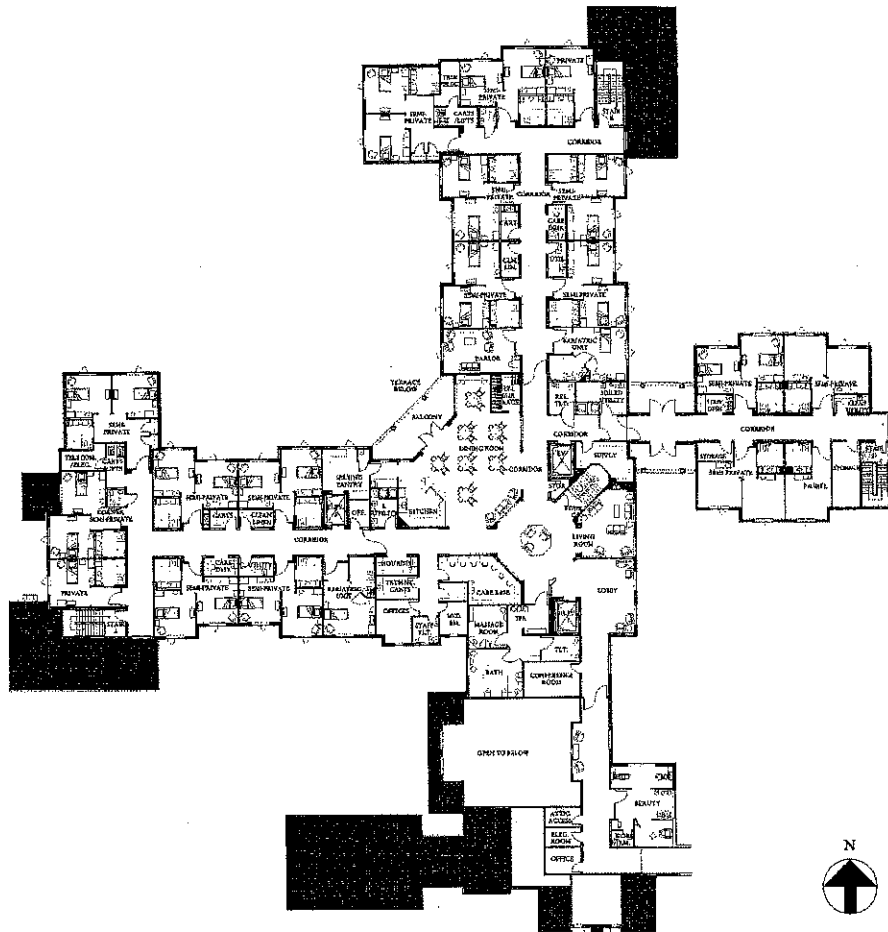
2012055



BROOKE GROVE FOUNDATION - SANDY SPRING CAMPUS
Rehabilitation Facility / First Floor

March 26, 2013





2012/19



BROOKE GROVE FOUNDATION - SANDY SPRING CAMPUS *Rehabilitation Facility / Second Floor*

March 26, 2015



APPENDIX 4:
MONTGOMERY COUNTY NURSING HOME OCCUPANCY
FY2009 – FY2013

Facility Name	#Beds End FY2013	FY2009	FY2010	FY2011	FY2012	FY2013 (Tent.)	% Inc/Dec FY2009 - FY2013
Althea Woodland Nursing Home	50	96.0%	96.6%	92.4%	92.3%	91.7%	-4.5%
Arcola Health & Rehabilitation Center	151	93.5%	92.8%	95.9%	96.5%	88.1%	-5.8%
Bel Pre Health & Rehab. Ctr.	90	87.5%	78.1%	88.0%	91.8%	90.7%	3.7%
Bethesda Health & Rehabilitation Center	185	85.8%	85.0%	90.7%	90.9%	90.6%	5.6%
Brighton Gardens	39	83.4%	83.2%	76.0%	77.3%	73.3%	-12.1%
Carriage Hill Bethesda	108	66.0%	66.0%	65.7%	63.3%	64.3%	-2.6%
Collingswood Nursing And Rehabilitation Center	160	97.2%	94.5%	92.1%	90.7%	90.6%	-6.9%
Fairland Nursing & Rehabilitation Center	92	86.0%	86.5%	84.8%	86.1%	83.3%	-3.1%
Fox Chase Nursing And Rehabilitation Center	74	87.2%	85.9%	87.8%	88.3%	90.7%	3.9%
Hebrew Home At Greater Washington	556	88.7%	89.8%	89.8%	86.6%	89.4%	0.8%
Sanctuary At Holy Cross	145	94.3%	93.2%	94.3%	94.1%	92.3%	-2.1%
Kensington Nursing & Rehabilitation Center	140	93.3%	95.8%	91.5%	95.0%	93.4%	0.2%
Layhill Center - Genesis Health Care	118	93.5%	87.9%	85.9%	92.3%	90.4%	-3.4%
Manor Care Health Services - Bethesda	110	77.8%	78.0%	80.2%	67.6%	71.1%	-8.6%
Manor Care Health Services - Chevy Chase	172	82.4%	80.9%	66.1%	66.0%	70.4%	-14.5%
Manor Care Health Services - Potomac	158	91.1%	94.0%	94.2%	88.6%	89.8%	-1.4%
Manor Care Health Services - Silver Spring	148	90.5%	93.7%	90.7%	90.3%	92.0%	1.7%
Manor Care Health Services - Wheaton	94	92.3%	94.0%	94.5%	92.4%	93.2%	1.0%

Montgomery Village Health Care Center	147	77.7%	85.8%	80.7%	86.4%	88.6%	14.1%
Oakview Rehabilitation & Nursing Center ¹	118	66.9%	69.0%	66.9%	76.2%	87.8%	31.2%
Potomac Valley Nursing & Wellness Center	175	92.6%	91.4%	88.5%	86.4%	86.7%	-6.4%
NMS Health Care Of Silver Spring ²	112	89.0%	87.1%	85.1%	90.8%	88.0%	-1.1%
Rockville Nursing Home, Inc.	100	87.9%	84.4%	90.8%	86.8%	80.9%	-8.0%
Shady Grove Center - Genesis Healthcare	134	80.8%	93.1%	92.7%	92.8%	94.1%	16.5%
Sligo Creek Nursing And Rehabilitation Center	102	87.7%	90.1%	86.8%	93.4%	90.0%	2.7%
Springbrook Nursing And Rehabilitation Center	87	89.5%	90.5%	93.7%	89.9%	86.8%	-3.0%
Woodside Center	92	87.3%	88.1%	83.5%	93.5%	89.3%	2.3%
CCFs Total	3,657	87.2%	87.5%	86.8%	86.7%	86.9%	-0.3%
CCRCs only							
Asbury Methodist Village	285	87.1%	84.1%	86.0%	84.5%	83.1%	-4.6%
Bedford Court Sunrise Senior Living Services	60	88.9%	80.9%	85.2%	78.7%	78.5%	-11.7%
Brooke Grove Rehabilitation & Nursing Center	168	92.6%	90.6%	88.3%	88.8%	91.4%	-1.2%
Friends Nursing Home	82	95.8%	93.1%	91.5%	91.4%	88.8%	-7.2%
Ingleside At King Farm	26	18.5%	36.3%	63.2%	82.7%	96.9%	424.8%
Maplewood Park Place	31	67.1%	64.8%	71.8%	73.0%	76.4%	13.8%
National Lutheran Home & Village At Rockville	300	94.9%	87.6%	73.7%	64.0%	50.9%	-46.3%
CCRCs Total	952	90.8%	85.4%	80.1%	76.2%	71.7%	-21.0%
CCFs & CCRCs Total	4,609	87.7%	87.2%	85.8%	85.2%	84.7%	-3.4%
COUNTY TOTAL	4,609	87.7%	87.2%	85.8%	85.2%	84.7%	-3.4%
MARYLAND TOTAL	27,819	89.1%	89.2%	88.9%	88.5%	87.9%	-1.3%

¹Formerly Forest Glen Skilled Nursing & Rehabilitation Center

²Formerly Randolph Hills Nursing Center

*Utilization numbers for FY 2013 are still under review and unpublished as of date of MHCC decision

APPENDIX 5:

CMS FIVE STAR QUALITY RATING SYTEM

Five-Star Quality Rating System⁸

CMS created the Five-Star Quality Rating System to help consumers, their families, and caregivers compare nursing homes more easily and to help identify areas about which you may want to ask questions.

The Nursing Home Compare Web site now features a quality rating system that gives each nursing home a rating of between 1 and 5 stars. Nursing homes with 5 stars are considered to have much above average quality and nursing homes with 1 star are considered to have quality much below average. There is one Overall 5-star rating for each nursing home, and a separate rating for each of the following three sources of information:

- **Health Inspections** – The health inspection rating contains information from the last 3 years of onsite inspections, including both standard surveys and any complaint surveys. This information is gathered by individuals who go onsite to the nursing home and follow a specific process to determine the extent to which a nursing home has met Medicare's minimum quality requirements. The most recent survey findings are weighted more than the prior two years. More than 200,000 onsite reviews are used in the health inspection scoring nationally.
- **Staffing** – The staffing rating has information about the number of hours of care on average provided to each resident each day by nursing staff. This rating considers differences in the level of need of care of residents in different nursing homes. For example, a nursing home with residents who had more severe needs would be expected to have more nursing staff than a nursing home where the resident needs were not as high.
- **Quality Measures (QMs)** – The quality measure rating has information on 9 different physical and clinical measures for nursing home residents – for example, the prevalence of pressure sores or changes to resident's mobility. This information is collected by the nursing home for all residents. The QMs offer information about how well nursing homes are caring for their residents' physical and clinical needs. More than 12 million assessments of the conditions of nursing home residents are used in the Five-Star rating system.

Caution: No rating system can address all the important consideration that goes into a decision about which nursing home may be best for a particular person. Examples include the extent to which specialty care is provided (such as specialized rehabilitation or dementia care) or how easy it will be for family members to visit the nursing home resident. As such visits can improve both the resident's quality of life and quality of care, it may often be better to select a nursing home that is very close, compared to a higher rated nursing home that would be far away. Consumers should therefore use the Web site only together with other sources of information for the nursing homes (including a visit to the nursing home) and State or local organizations (such as local advocacy groups and the State Ombudsman program).

⁸ Available on CMS website at: <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/FSQRS.html>

Medicare.gov/Nursing Home Compare⁹

Strengths and Limitations

The Five-Star rating system has strengths and limitations. Here are some things to consider as you compare nursing homes.

Health Inspection Results

Strengths:

Comprehensive: The nursing home health inspection process looks at all major aspects of care in a nursing home (about 180 different items).

Onsite Visits by Trained Inspectors: this is the only source of information that comes from a trained team of objective surveyors (inspectors) who visit each nursing home to check on the quality of care, inspect medical records, and talk with residents about their care.

Federal Quality Checks: Federal inspectors check on the state inspectors' work to make sure they are following the national process and that any differences between states stay within reasonable bounds.

Limitations:

Variation Among States: There are some differences in how different states carry out the inspection process, even though the standards are the same across the country.

Medicaid Program Differences: There are also differences in state licensing requirements that affect quality, and in state Medicaid programs that pay for much of the care in nursing homes.

Tip: The best comparisons are made by looking at nursing homes within the same state. You should be careful if you are trying to compare a nursing home in one state with a nursing home in another state.

Staffing

Strengths:

Overall Staffing: The quality ratings look at the overall number of staff compared to the number of residents and how many of the staff are trained nurses.

Adjusted for the Population: The ratings consider differences in how sick the nursing home residents are in each nursing home, since that will make a difference in how many staff is needed.

Limitations:

Self-Reported: The staffing data are self-reported by the nursing home, rather than collected and reported by an independent agency.

Snap-Shot in Time: Staffing data are reported just once a year and reflect staffing over a 2 week period of time.

⁹ Available on CMS website at: <http://www.medicare.gov/NursingHomeCompare/About/Strengths-and-Limitations.html>

Tip: Quality is generally better in nursing homes that have more staff who work directly with residents. It is important to ask nursing homes about their staff levels, the qualifications of their staff, and the rate at which staff leave and are replaced.

Quality Measures

Strengths:

In-Depth Look: The quality measures provide an important in-depth look at how well each nursing home performs on important aspects of care. For example, these measures show how well the nursing home helps people keep their ability to dress and eat, or how well the nursing home prevents and treats skin ulcers.

National Measures: The quality measures we use in the Five-Star rating are used in all nursing homes.

Limitations:

Self-Reported Data: The quality measures are self-reported by the nursing home, rather than collected and reported by an independent agency.

Just a Few Aspects of Care: The quality measures represent only a few of the many aspects of care that may be important to you.

Tip: Talk to the nursing home staff about these quality measures and ask what else they are doing to improve the care they give their residents. Think about the things that are most important to you and ask about them, especially if there are no quality measures that focus on your main concerns.

A technical manual containing additional information on the Five-Star Quality Rating System can be found on the [CMS Web site](#).

APPENDIX 6:

HOSPITAL REFERRALS TO BGRNC:

FY 2010 TO FY 2014

11/10/2014

REVISED EXHIBIT J
Admissions to BGRNC, FY2010-2014
Growth Trends

	2010		2011		2012		2013		2014	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
MedStar Montgomery Med. Ctr.	337	74.6	338	74.9	329	66.7	273	52.9	333	57.8
Holy Cross	22	4.9	20	4.4	21	4.3	78	15.1	61	10.6
Shady Grove Adventist	7	1.5	14	3.1	22	4.5	14	2.7	35	6.1
Suburban	22	4.9	19	4.2	19	3.9	37	7.2	25	4.3
Howard Cnty Gen. Hospital	3	0.7	3	0.7	5	1.0	4	0.8	15	2.6
Washington Hospital Ctr.	4	0.9	8	1.8	13	2.6	19	3.7	13	2.3
Georgetown Univ.	2	0.4	3	0.7	5	1.0	4	0.8	11	1.9
Washington Adventist	3	0.7	1	0.2	5	1.0	4	0.8	6	1.0
National Rehab	0	0.0	0	0.0	4	0.8	2	0.4	2	0.3
Other Hospitals	19	4.2	15	3.3	26	5.3	30	5.8	29	5.0
Non-Hospital or Unspecified	33	7.3	30	6.7	44	8.9	51	9.9	46	8.0
Total	452	100	451	100	493	100	516	100	576	100.0
Percent Growth Over Prior Year			0		9.3		4.7		11.6	
Overall Percentage Growth									27.4	

NOTE

2012 is the year Brooke Grove hired additional marketing staff, i.e., 2 additional RN's as nurse liaisons to hospitals and other health care providers.

APPENDIX 7:

2013 COMPREHENSIVE CARE FACILITY

MEDICARE UTILIZATION FOR

MONTGOMERY COUNTY & MARYLAND

Facility Name	End of Fiscal Year	Medicare Pt. Days	Total Pt. Days	Percent Medicare
Althea Woodland Nursing Home	50	2,345	16,728	14.0%
Arcola Health & Rehabilitation Center	151	11,313	48,568	23.3%
Bedford Court Sunrise Senior Living Services	60	7,346	17,190	42.7%
Bel Pre Health & Rehab. Ctr.	90	1,856	29,803	6.2%
Bethesda Health And Rehabilitation Center	185	10,483	61,206	17.1%
Brighton Gardens	39	4,400	10,436	42.2%
Brooke Grove Rehabilitation And Nursing Center	168	12,720	56,072	22.7%
Carriage Hill Bethesda	108	8,415	25,350	33.2%
Collingswood Nursing And Rehabilitation Center	160	6,881	52,882	13.0%
Fairland Nursing & Rehabilitation Center	92	2,741	27,957	9.8%
Fox Chase Nursing And Rehabilitation Center	74	4,069	24,485	16.6%
Friends Nursing Home	82	3,551	26,592	13.4%
Hebrew Home At Greater Washington	556	27,611	181,521	15.2%
Herman M. Wilson Health Care Center	285	16,862	86,432	19.5%
Ingleside At King Farm	26	1,161	9,193	12.6%
Kensington Nursing & Rehabilitation Center	140	1,569	47,744	3.3%
Layhill Center - Genesis Health Care	118	10,889	38,936	28.0%
Manor Care Health Services - Bethesda	110	5,279	28,534	18.5%
Manor Care Health Services - Chevy Chase	172	7,168	44,220	16.2%
Manor Care Health Services - Potomac	158	17,637	51,764	34.1%
Manor Care Health Services - Silver Spring	148	6,709	49,704	13.5%
Manor Care Health Services - Wheaton	94	6,927	31,979	21.7%
Maplewood Park Place	31	1,167	8,647	13.5%
Montgomery Village Health Care Center	147	12,327	47,536	25.9%
National Lutheran Home & Village At Rockville	300	11,532	52,784	21.9%
NMS Health Care Of Silver Spring	112	3,328	32,917	10.1%
Oakview Rehabilitation And Nursing Center	118	2,279	18,745	12.2%
Potomac Valley Nursing & Wellness Center	175	5,333	55,371	9.6%
Rockville Nursing Home, Inc.	100	2,682	29,539	9.1%
Sanctuary At Holy Cross	145	13,628	48,862	27.9%
Shady Grove Center - Genesis Healthcare	134	13,333	46,024	29.0%
Sligo Creek Nursing And Rehabilitation Center	102	5,905	33,514	17.6%
Springbrook Nursing And Rehabilitation Center	87	6,151	27,567	22.3%
Woodside Center	92	3,024	29,987	10.1%
COUNTY TOTAL	4,609	258,621	1,398,789	18.5%
MD TOTAL	27,819	1,663,421	8,938,996	18.6%

SOURCE: Maryland Health Care Commission, 2013 Long Term Care Survey, 2013 Nursing Home Bed Inventory Records; Maryland Medical Assistance Program, unaudited 2013 cost reports